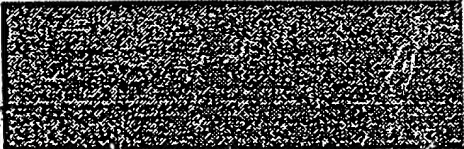DATE: 2/23/00   FROM: T. Voeltz _____ (print name)

REASON(S):

FORWARD TO:
A. Art Unit: 2744
B. Class: 455 or 379
C Subclass: _____

A. You had Parent _____ (check box)
B. See Title _____ (check box)
C. See Abstract _____ (check box)
D. See Claim(s): _____

FURTHER EXPLANATION IF NEEDED:

Telephone Billing

DATE: _____   FROM: _____ (print name)

REASON(S):

FORWARD TO:
A. Art Unit: _____
B. Class: _____
C Subclass: _____

A. You had Parent _____ (check box)
B. See Title _____ (check box)
C. See Abstract _____ (check box)
D. See Claim(s): _____

FURTHER EXPLANATION IF NEEDED:

DATE: _____   FROM: _____ (print name)

REASON(S):

FORWARD TO CLASSIFIER

A. You had Parent _____ (check box)
B. See Title _____ (check box)
C. See Abstract _____ (check box)
D. See Claim(s): _____

FURTHER EXPLANATION IF NEEDED:

DISPOSITION BY 2700 CLASSIFICATION

DATE: _____   CLASSIFIER: _____

REASON(S):

FORWARD TO:
A. Art Unit: _____
B. Class: _____
C Subclass: _____

A. You had Parent _____ (check box)
B. See Title _____ (check box)
C. See Abstract _____ (check box)
D. See Claim(s): _____

FURTHER EXPLANATION IF NEEDED: